

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **09.52-2483** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1		1		51					
2		1		1		1	52					
3		1		1		1	53					
4		1		1		1	54					
5		1		1		1	55					
6		5		5		5	56					
7		0		1		1	57					
8		0		1		1	58					
9	1		1		1		59					
10		1		1		1	60					
11		2		2		2	61					
12		2		2		2	62					
13		0		2		2	63					
14		0		1		1	64					
15		0		1		1	65					
16		0		1		1	66					
17		0		1		1	67					
18		0		1		1	68					
19		0		1		1	69					
20		0		1		1	70					
21		0		1		1	71					
22		0		1		1	72					
23		0		1		1	73					
24		0		1		1	74					
25		0		1		1	75					
26		0		1		1	76					
27		0		1		1	77					
28		0		1		1	78					
29		0		1		1	79					
30		0		1		1	80					
31		0		1		1	81					
32		0		1		1	82					
33		0		1		1	83					
34		0		1		1	84					
35		0		1		1	85					
36		0		1		1	86					
37		0		1		1	87					
38		0		1		1	88					
39		0		1		1	89					
40		0		1		1	90					
41		0		1		1	91					
42		0		1		1	92					
43		0		1		1	93					
44		0		1		1	94					
45		0		1		1	95					
46		0		1		1	96					
47		0		1		1	97					
48		0		1		1	98					
49		0		1		1	99					
50		0		1		1	100					
TOTAL IND.	2		2		2		TOTAL IND.					
TOTAL DEP.	37		38		43		TOTAL DEP.					
TOTAL CLAIMS	39		38		45		TOTAL CLAIMS					

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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